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FALLON
POLICE
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CITY OF FALON CLERK'S OFFICE

55 West Williams Avenue, Fallon, Nevada 89406

Phone: (775) 423-5104

Fax: (775) 423-8874

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DEC - 3 2025
CLERK'S OFFICE

LIQUOR LICENSE APPLICATION

Application Type: New Owner Change Manager Change Location Change

Applicant Name: Sonal Garcia Brisa Taily Application Date: 12/3/25
Last First MI

Title: Owner Phone: 775-225-3535

Date of Birth: [REDACTED] Driver's License Number: [REDACTED]
State: [REDACTED]

List all addresses in which you have resided at for the past five (5) years.

Begin/End	Physical Address	City	State	Zip
2009 - Present	<u>830 E. Stillwater Ave #17</u>	<u>Fallon</u>	<u>NV</u>	<u>89406</u>

Business Entity Type: Sole Proprietor Partnership Limited Liability Company DBA
 Corporation Association Other:

Business Name: Anchor LLC DBA Boozy Lion Bar and Grill

Business Owner(s):

Name	Address	Title
<u>Manjot Singh Sonal</u>	<u>830 E. Stillwater Ave #17</u>	<u>Owner</u>
<u>Brisa Taily Sonal Garcia</u>	<u>830 E. Stillwater Ave #17</u>	<u>Owner</u>

Business Address: 30 E. Center St. Fallon, NV 89406
City: Fallon State: NV Zip: 89406

Provide a brief description of the portion to be occupied by the establishment for which the license is sought: (Attach drawing of layout)

I'm applying for liquor license for the purpose of serving in our Bar and Grill business.

Is the premises to be licensed leased by the applicant? Yes No

Name of the owner of the premises: Manpreet Aurora

Name of the owner's authorized agent, if any:

What type of license for which the application is made: Retail (Off Premises) Drinking Establishment (On Premises)

Have you owned or managed any other business? Yes No



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If Yes, list the business(es) you have owned or managed.

Begin/End	Name	Address	City	State	Zip

Have you ever been issued a business or a liquor license? Yes No

If Yes, when? _____

What Agency? _____

Have you ever had a business or liquor license revoked? Yes No

If Yes, when? _____

What Agency? _____

Have you ever been denied a business or liquor license? Yes No

If Yes, when? _____

What Agency? _____

Have you received any specialized training for serving alcoholic beverages? Yes No

If Yes, explain: Through previous work, was trained by manager Restaurant/bar/ convenience store

Have you ever been arrested? Yes No

If Yes, provide the following information:

Date	Charge	Arresting Agency	Disposition

List five (5) references not related to you with daytime phone numbers:

Name	Phone	Relationship
Heather Churley	775-492-8698	Friend
Adriana Lima	559-258-7511	Friend
Esmeralda Murrillo	775-276-3445	Friend
Alecia Bianchi	775-866-2688	Friend
Crystel Herrera	775-492-1533	Friend

I declare under penalty of perjury that the foregoing is true and correct:

1. That I have received and read a copy of Chapter 5.08 of the Fallon Municipal Code – Alcoholic Beverage Sales;
2. That upon approval of a Liquor License, I will conduct the business and business establishment in accordance with the provisions of the laws of the State of Nevada, the United States, and the ordinances of the City of Fallon applicable to the conduct of business; and
3. That the above information is true and correct to the best of my knowledge and belief and that such declaration is made with the full knowledge that any failure to disclose, misstatement, or other attempt to mislead may be considered sufficient cause for denial of a business license.


Barbara J. Jamal
Applicant's Signature



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AUTHORIZATION AND RELEASE

I, Budie Dancer, authorize the Fallon Police Department to perform a background check and to release the results of said investigation, which may include information of a confidential or privileged nature, to the City Council in public documents and/or discussion at a public meeting.

Budie Dancer
Applicant's Signature

OFFICIAL USE ONLY:

Account No.	License No.	Payment Received By:
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FALLON POLICE DEPARTMENT

55 West Williams Avenue
Fallon, Nevada 89406-2941
775-423-2111
Fax: 423-6527

Daniel Babiarz
Chief of Police

December 12, 2025

This letter certifies that Brisa T. Somal-Garcia, Boozy Lion, located at 30 East Center Street, Fallon, NV 89406, has completed and passed her background check for a liquor license.

Additionally, I have met with the applicant regarding components of the Fallon Municipal Code concerning alcoholic beverage sales, as well as her responsibilities as the holder of the liquor license.

Furthermore, there is a supplemental form that specifically addresses the operation of the business, including identifying the on-site manager, and acknowledgments from the applicant indicating understanding that she may be held personally responsible for improper business practices.

Sincerely,



Daniel Babiarz
Chief of Police

Liquor License Application Interview Supplement

APPLICANT: Somal-Garcia, Brisa

DATE 12/12/2025

BUSINESS NAME: Boozy Lion, 30 East Center Street, Fallon, NV 89406

I will be the on-site supervisor.

If not, the on-site supervisor will be _____ BS

I understand that if the on-site supervisor changes, I am responsible for notifying the City Clerk's Office. Initials BS

I acknowledge that as the license holder, I am personally responsible for what is sold at the store/location. Initials BS

I further acknowledge that as the license holder, I am responsible for alcohol sales from the business and may be held personally responsible for alcohol sales that violate any law or ordinance. Initials BS

I have received, read and understand the Liquor and Business License requirements within the Fallon Municipal Code and agree to abide by those requirements. Initials BS

Witness: Daniel Babiarz, Chief of Police



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Privilege License Supplemental Approval Form

Application Date: 12/3/2025

Applicant: Brisa Somal Garcia

Business: Anchor LLC dba Boozy Lion Bar and Grill

License Type: Liquor License (On-Premises Drinking Establishment)

Application Type: New Owner Change Name Change Manager Change Location Change

OFFICIAL USE ONLY

City of Fallon

Approve

Approve with Conditions

Disapprove

Chief of Police

DS

MM

Chief of Staff

Engineering/Building Department

Attorney's Office

City Clerk's Office

Fallon/Churchill Fire Dept

Conditions required for approval:

Committee recommendation for application: Approved Approved with Conditions Disapproved

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Account No.	License No.	Payment Received By:
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